

# DEPARTMENTAL MANAGEMENT

(dollars in millions)

	<u>2000 Actual</u>	<u>2001 Enacted</u>	<u>2002 Request</u>	<u>Request +/-Enacted</u>
Program Level.....	\$515	\$399	\$471	+\$72
FTE.....	1,421	1,542	1,649	+107

## SUMMARY

Departmental Management (DM) consolidates the activities funded under two appropriation accounts in the Office of the Secretary: General Departmental Management (GDM) and Policy Research. The FY 2002 budget request provides a total program level of \$471 million for DM, including appropriations of \$424 million, interagency transfers of \$39 million in evaluation funds, and \$8 million in health care fraud and abuse funds.

## GENERAL DEPARTMENTAL MANAGEMENT

The GDM account supports those activities associated with the Secretary's roles as chief policy officer and general manager of the Department, in administering and overseeing the organization, programs and activities of the Department. These activities are carried out through nine Staff Divisions (STAFFDIVs). The GDM budget request for FY 2002 totals \$450 million, an increase of \$68 million or 18 percent from the comparable FY 2001 enacted level.

Of the increase requested, \$12 million is for improving a variety of administrative and legal functions: alleviating large pending caseloads in the Departmental Appeals Board; addressing caseload management and workforce planning in the Office of the General Counsel; improving the work

environment, security and safety of HHS employees in the Hubert H. Humphrey Building; implementing the Distance Learning Network, an Internet-based system for providing training to HHS employees; and adding a modest number of essential staff to manage and analyze budgetary and operations activities.

The GDM request also includes the following program-related increases:

### *Office on Women's Health (OWH):*

The OWH request of \$27 million will provide funding to advance women's health programs through the promotion and coordination of research, service delivery, and education, both throughout HHS agencies and offices, with other government organizations, and with consumer and health professional groups. This request includes a \$10 million (59 percent) increase over the FY 2001 enacted level. These additional funds will allow OWH to: support new efforts on minority women's health and women's cancers; increase women's access to comprehensive care; continue support for Violence Against Women programs; and promote a greater focus on women's health issues at the State and local levels.

### *Office of Population Affairs (OPA):*

The request of \$28 million provides support for the Adolescent Family Life (AFL) demonstration and research program authorized under Title XX of the Public

Health Service (PHS) Act. Through the grants awarded under this program, AFL provides funding in three areas: care demonstration projects, prevention projects, and research projects. This request is a \$4 million (4 percent) increase over the FY 2001 enacted level and will allow AFL to expand the prevention program, which focuses on postponing early sexual activity in order to prevent adolescent pregnancies, as well as sexually-transmitted diseases and HIV/AIDS. This request also continues to provide for abstinence-only prevention projects, as defined by the Welfare Reform legislation (P.L. 104-193). Finally, OPA also administers the Family Planning program under Title X of the PHS Act; that program is funded through the Health Resources and Services Administration.

**Office of Minority Health (OMH):** The OMH request includes \$43 million to improve disease prevention, health promotion, and health service delivery for disadvantaged and minority individuals. The request does not include \$6 million for one-time projects in the FY 2001 enacted level. OMH funding also supports research to improve the health status of racial and ethnic minority populations in the U.S., which continues to lag behind the health status of the American population as a whole. In addition, these funds support activities aimed at reducing the risk of acquiring or transmitting HIV/AIDS, and at increasing access to services and treatment.

**Office of Disease Prevention and Health Promotion:** The budget request of \$10 million is an increase of \$3 million (35 percent) over the FY 2001 enacted level. These funds will be used to continue and expand the implementation of the Healthy People 2010 effort to promote health and prevent disease and disability in the American population.

**Office of Emergency Preparedness:** The budget request of \$14 million will be used to manage the medical and health-

related social services provided by the Federal government to victims of catastrophic disasters through Emergency Support Function (ESF) #8 of the Federal Response Plan. Under ESF #8, HHS coordinates the support of twelve Federal agencies in the preparedness for, response to, and recovery from both natural and man-made disasters.

**Office of Human Research Protections:** In FY 2001, the Office of Protection from Research Risks was moved from the National Institutes of Health to the Office of the Secretary, where it became the Office of Human Research Protections (OHRP). The FY 2002 budget request of \$7 million will be used to: ensure implementation of Departmental regulations for the protection of human subjects; negotiate formal written assurances of compliance with institutions engaged in research covered by OHRP; investigate and oversee institutional compliance; and fund professional and public education.

**HIV/AIDS in Minority Communities:** The FY 2002 request includes a continuation of \$50 million to address the high-priority HIV prevention and treatment needs of minority communities heavily impacted by HIV/AIDS. These funds allow the Department to continue priority investments and public health strategies targeted to reduce the disparities and burden of HIV/AIDS in racial and ethnic minority populations.

**Bioterrorism:** The FY 2002 request includes \$69 million, an increase of \$9 million, to continue the Department's efforts to prepare for the health and medical consequences of a bioterrorism incident.

Of this total, \$51 million is for the Office of Emergency Preparedness to direct its efforts to the following activities in FY 2002:

- Establish 25 new Metropolitan Medical Response Systems (MMRS)

and add a bioterrorism component to the MMRSs established in FY 2001;

- Provide training, pharmaceutical supplies and equipment to 44 Disaster Medical Assistant Teams and four National Medical Response Teams;
- Enhance the Salt Lake City MMRS, and purchase specialized equipment and supplies for the 2002 Winter Olympics.

The bioterrorism request also includes \$10 million for the Department's cyber-security efforts, to begin a program to ensure continuous operation of the bioterrorism prevention infrastructure (e.g., communication systems, data banks and facilities). This program will include: an analysis of HHS's critical IT assets involving bioterrorism programs; establishing a bioterrorism Public Key Infrastructure (PKI) to verify the identities of bioterrorism responders; developing and operating bioterrorism security programs including detection and response capabilities; and purchasing necessary infrastructure software.

Finally, the bioterrorism request includes \$8 million for the continuation of research on anthrax and smallpox vaccines.

**Information Technology Security and Innovation Fund:** Although HHS's current information technology (IT) systems are functioning, they are very decentralized and heterogeneous, and therefore have vulnerabilities that need to be corrected. The FY 2002 budget request includes \$30 million to establish an IT Security and Innovation Fund. These funds will be used to leverage approaches that will allow the Department to achieve security for its data and information in a standardized way. By establishing an Enterprise Infrastructure Management (EIM) framework, and consolidating the capital planning and management of its IT assets, the Department

will be better able to reduce or eliminate duplication of effort and to contain risks. EIM is an operational IT management framework that will protect the Department's IT operating infrastructure by: restructuring management practices and functional boundaries; providing automated tools to reduce workloads for users and systems administrators; and promoting the use of enterprise software and service contracts across the Department.

## **POLICY RESEARCH**

Policy Research examines broad issues that cut across agency and subject lines, as well as new policy approaches developed outside the context of existing programs. The FY 2002 request for Policy Research includes \$3 million for a new State Innovation Fund and \$18 million to continue evaluations.

**State Innovation Fund:** New approaches for integrating diverse funding streams, expanding services to new populations, and designing service delivery systems often emerge from innovations at the State or local level. Therefore, the FY 2002 budget provides \$3 million for a new program to provide grants to States (selected competitively) to design, demonstrate, and evaluate new models for delivering health services, long-term care, and/or human services to low-income adults, families, and children. States will be encouraged to integrate separate but related services funded by different programs and/or provided by different agencies. The grants will be of two types: planning grants and demonstration grants. Measurable indicators of performance to facilitate evaluation of the outcomes of the demonstrations will be a key ingredient of the program.

**Broad-Based Research:** The FY 2002 budget includes \$18 million to support research on issues that cut across agency and subject lines, as well as new approaches

developed outside the context of an existing program. Priority issues that will be examined are those related to: the well-being of children and youth; the outcomes of welfare reform and the status of low-income families; reform of major public-sector programs, especially Medicare and access for those who lack health insurance; promoting and expanding consumer-directed

home and community-based services; nursing home quality; managed care and disability; post-acute care; employment and disability; active aging; and science policy.

It is proposed that in FY 2002 the entire \$18 million request be derived through interagency transfers of evaluation funds.